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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/670,168	09/25/2003	Gil M. Vardi	1001.2278101	2222
28075 7590 03/06/2009 CROMPTON, SEAGER & TUFTE, LLC 1221 NICOLLET AVENUE SUITE 800 MINNEAPOLIS, MN 55403-2420				
EXAMINER				
HOUSTON, ELIZABETH				
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

***Response to Arguments***

Applicant argues that the mode of bonding the enclosure to the catheter is not a matter of obvious design choice because the location of the bond modifies the operation of the device, such as flexibility and stiffness. However, applicant's specification does not provide criticality for this feature. The specification lists the feature of the distal shaft being attached only to the inflation tube at a specific point as one of many options for the location of the bond (page 7, L 26 - page 8, L 5). In other words, the specification provides several embodiments for types of attachment configurations without stating any one is critical to the invention. In the remarks, applicant points to page 8, L 32 - page 9, L4, to provide support for criticality of the feature "branch guidewire enclosure bonded to said channel only at said branch exit port". However this passage only refers to the bond in relation to the stent and does not provide criticality as to why the bond must occur only at the branch exit port. Applicant further states that Adams provides no motivation or reason. However, as stated in the office action, Adams provides several embodiments with different types of attachments. Examiner asserts that a person of ordinary skill has good reason take the different types of attachments taught by Adams and pursue the known options within his or her technical grasp if it yields predictable results, namely a way to bond a tubular enclosure to a catheter shaft. The claims as currently written do not provide any *structure* of the catheter system that is distinguishable from the prior art.

/E. H./  
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